A STUDY TO EVALUATE THE EFFECTIVENESS OF PLAY THERAPY ON BEHAVIOURAL PROBLEMS AMONG CHILDREN BETWEEN 5-15 YRS AGE GROUP AT SELECTED SCHOOLS OF LUDHIANA, PUNJAB

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EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF PLAY THERAPY ON BEHAVIOURAL PROBLEM AMONG CHILDREN .

" WE DON'T STOP PLAYING BECAUSE WE GROW OLD;WE GROW OLD BECAUSE WE STOP PLAYING''

GEORGE BERNARD SHAW

INTRODUCTION

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behaviours that are outside the norm for their age.

Mental Health of a child is of basic importance to gain the ability to live harmoniously in the changing environment. Child's health is the corner stone of national progress. The community which neglects its children retards its future progress. UNICEF has given great attention to the concept of the whole child which means it is essential to promote their health, as they are the vulnerable segment of the society. [1]Young people can have mental, emotional and behavioural problems that are real, painful and costly. These problems often can lead to development of disorders if neglected which are the sources of stress for children and their families, schools and communities. [2]Although it is difficult toget accurate estimates of child mental disorders, the few available epidemiological data indicate that 12-51%; with the average around 29% of the world's children suffer from emotional and other mental problems that warrant mental health treatment.[3] Out of this group, 6-9% is seriously emotionally disturbed children who need intensive psychiatric care.[4]In addition, there are unfolding numbers of at-risk children who need attention and secondary preventive service. Recent evidence indicates that emotional and behavioural disorders frequently lead to poor school performance and to dropping out of school. This wastes educational resources and seriously impairs the economic and social potential of such children.[5]The behavioural problems such as quarrelling, using abusive language, delinquent behaviour are visible in school children in general. A child may have more than one disorder ranging from mild to severe.

.In India, Children below 16 years of age constitute over 40% of its population. [6] Community studies on emotional/ behavioural disorders in children and adolescents

conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%). [7-9] Methodologically robust studies on community samples have reported overall point prevalence rates of 9.4% in children aged 8-12 years14, 12.5% in children aged 0-16 years. [9]

Play is children's universal behavior and innate mode of self-expression. All children irrespective of their life going quite smoothly or experiencing certain complexities through the entire period of their development adopt play as a spontaneous way to express their emotions and thoughts just like adults use language.[10] It is the method most children use to explore the world and to comprehend the relationships, and it also helps them to understand the past and also to prepare for the future. Children are likely to have engaged in more than 15,000 h of play by 6years of age.[11] Piaget believed that play is the child's way of assimilating new information into his/her view of the world and adapting to new situations.[12] It is not only central but also critical to a child's development that the right to rest and leisure, to engage in age-appropriate play and recreational activities, to freely participate in cultural life and arts have been recognized and promoted by the United Nations 1989 Convention on the Rights of the Child.[13]

Play has an important implication for physical, psychological, and psychosocial development of any children.[14] Since children get a chance to take on and try out different social roles which gives them better ability to understand the feeling of others, teach them the concepts of fairness, sharing, and social reciprocity which are crucial for the process of socialization. Usually, children learn to master the things through the safe process of play. This sense of mastering one's environment without any fear of consequences is crucial to a sense of self-worth and adequacy. When freedom is provided within structure, children feel encouraged to explore strategies, and this helps children develop confidence and self- efficacy which leads to healthy outcomes including reduction of anxiety and inculcation of more positive behaviors.[15] Thus, play is usually, though not exclusively, considered as the most developmentally appropriate medium utilized with children. Play therapy capitalizes on such therapeutic powers of play or changing mechanisms within play and considers its strategic use through trained professionals within therapeutic contexts to promote specific therapeutic outcomes.[16,17]

Play therapy can be defined as an interpersonal process wherein a trained therapist systematically applies the curative powers of play to help the clients resolve their current psychological difficulties and help prevent future ones. The techniques used in play therapy

specify how to use the play materials effectively in implementing the therapeutic power of play.[11] It is also defined as a means of creating intense relationship experiences between therapists and children or young people, in which play is the principal medium of communication.[18] It is a structured, theoretical-based approach to work with children which is ideally suited to their developmental level. Using the symbolic function of play, children are provided with a means to express their inner world more comfortable and safely since act takes place in fantasy. Thus, play therapy for children is similar to counseling or psychotherapy for adults.[11,19]Beyond its spontaneous therapeutic effect, play is considered as an important tool in clinical practice.[20] Play therapy or play-based interventions are widely used to facilitate communication between therapist and children and to help children's understanding of events. It is a better medium of communication as play itself may create emotional reactions and make such emotional reactions more powerful. In therapy, therapist can use a puppet animal or a telephone while interviewing the child to serve this purpose.[21] Child practitioners also use play in diagnostic assessments based on the idea that children may act out their true feelings with the help of carefully selected play materials. Further, play therapy can also be used in planning intervention with children. Here, therapist tries to understand the feelings which a child expresses through play and in turn help the child to understand the same. Through this children can be taught coping skills and helped in insight facilitation and overcome conflicts.[22]

Thus, considering the inherent element of play, play therapy has been widely used across settings, age and gender, clinical and non clinical populations. Play enables the expression of a number of cognitive, affective, and interpersonal processes important in creativity which can be observed and assessed through verbal and behavioral expressions that emerge in play.[23]The theory and research in child development and child psychotherapy have considered these cognitive, affective, problem solving and interpersonal processes as very crucial in different areas of child development.[20,23]

NEED OF THE STUDY

Children spent nearly 200 days each year in the school. So, the child spends a large portion of each day, week in school. So it is the primary responsibility of the school, not only to build up their intellectual capacity and knowledge but also to develop their physical and

mental health. [24] It has been observed that a larger number of children suffer from behavioural problems at given time in India.

One third of the world's population are children and adolescents, with the majority living in low and middleincome countries (LMICs) [25] The World Health Organization estimates that neurological, mental and behavioral disorders and self-harm contribute 12 % of the global burden of disease [26]. Half of neuropsychiatric disorders are estimated to have onset by the age of14 [27]. Globally, around 10 to 20 % of children and adolescents suffer from a mental health problem [25]

The behavior of school-aged children is an important indicator of adaptation in this stage of development; however, not all children are successful and may present externalizing or internalizing behavioral problems, expressed within the family and/or school contexts (Achenbach, Ivanova, Rescorla, Turner, & Althoff, 2016; Linhares & Martins,2015; Marturano, 2013).

Child mental health problems are reflected by a variety of categories of behaviour problems. Such problems are usually identified when they result in distress to either the child or others (Zubrick , 1995). It is usual that information about child mental health is sought from teachers and care-givers, and that these respondents' perceptions of children and their behaviours form the basis of mental health assessments. There is growing consensus that behaviour disorders (mental health problems) are apparent in early childhood, and that they often persist into adulthood – particularly those associated with aggressive/externalizing behaviour(Campbell and Ewing, 1990; Egeland ., 1990; Richman , 1982).

Behavior problems among children are a deviation from the accepted pattern of behavior on the part of the children when they are exposed to an inconsistent social and cultural environment. But these are not to be equated with the presence of psychiatric illness in the child as these are only the symptoms or reactions to emotional and environmental stress.

Conduct or behavior problems include problems related to repeated violation of other's rights, aggressiveness, hyperkinetic impulsive behavior, and missing classes or running away from school [28,29]. The Global Burden of Disease report 2010 indicates that conduct disorder is among the 15 leading causes of disability adjustment life years of children ages 5–19 years [30]. A study conductedin five developing countries suggest that 10.5 % of adolescent suffer from mental health problems, with significant proportion being conduct problems [31]. Likewise, 20.8 % of children in Brazil [32], 11.7-13.7 % of school age children in Sri Lanka

[33], 34-36 % of children in Pakistan [34], and 30 % of children in India [35] suffer conduct or behavioral problems.

Despite the importance of gathering evidence on child behavior problems for individualdevelopment and public health, there remains lack of data from low and middle-income countries [36]. Studies conducted in developed countries have shown that child conduct or behavior problems have negative impacts on children's social, educational and economic performance inlater life [37,38]. Childhood behavior problems also predict involvement in anti-social behavior in adulthood [39].

Considering social vulnerability in the population in general, low socioeconomic status and unemployment among mothers were identified as predictors of behavioral problems among children in situations of poverty, according to a study conducted by Bele, Bodhare, Valsangkar, and Saraf (2013) of children in India. In the Brazilian context, Correia, Saur, and Loureiro (2014) conducted a cohort study and identified an association of behavioral problems with low socioeconomic status for boys and low maternal education and larger families for girls. In the same direction, Pizato. (2014) verified association between improved socioeconomic conditions with fewer behavioral problems and more social skills in school-aged children; Saur and Loureiro (2015) identified associations between behavioral problems among 10-year-old children with low maternal educational level and low socioeconomic status and families with more than four members. It is also considered that the family socioeconomic condition can influence the cognitive performance of children, being this condition strongly related to other environmental aspects such as maternal depression (Piccol, 2012). Thus, this justifies the relevance of studying potential associations between maternal depression and behavioral problems, including other variables in the family environment,

SIGNIFICANCE OF THE STUDY

1. The study will help to identify behavioural problems among children.

2.The study will help to see the impact of socio demographic variables on behavioural problems among children.

STATEMENT OF THE PROBLEM

A STUDY TO EVALUATE THE EFFECTIVENESS OF PLAY THERAPY ON BEHAVIOURAL PROBLEMS AMONG CHILDREN BETWEEN 5-15YEARS OF AGE GROUP AT SELECTED SCHOOL OF LUDHIANA,PUNJAB

OBJECTIVES OF THE STUDY

1. To assess the behavioural problem of children between 5-15yrs before and after play therapy in experimental group and control group.
2. To evaluate the effectiveness of play therapy in terms of behavioural problems in children between 5-15yrs in the experimental group.
3. To determine the association between the pretest level of behavioural problem among children between 5-15yr and selected socio demographic variable in the experimental group.
4. To determine the association between the pretest level of behavioural problem among children between 5-15yr and selected socio demographic variable in the control group.

OPERATIONAL DEFINITION

1.**EVALUATE :** It is an to study the facts and then form an opinion about something.

2. **EFFECTIVENESS :** It is the capability of producing the desired result.

3. **PLAY THERAPY** : A form of counselling or psychotherapy in which play is used as a means of helping children express or communicate their feelings. In this study researcher involves standardised tools in the therapy which includes Child centereed play therapy, Gesalt group play therapy, Dialectical behaviour therapy. It consists of 10 sessions of 30min. thrice a week. .

Child centered play therapy ; Child Centered Play Therapy (CCPT; Landreth, 1991; 2002; 2012) is a developmentally responsive, play-based mental health intervention for young children who are experiencing social, emotional, behavioral and relational disorders.

Gesalt Group Play Therapy : Gestalt therapy is a psychotherapy practice that originated in Germany in the 1930s. Devised by psychoanalysts Frederick (Fritz) Perls and his wife Laura, the Perls broke away from Freud's analytic theory, creating their own synthesis of ideas.

Another common exercise in gestalt therapy is the exaggeration exercise. During this exercise, the person in therapy is asked to repeat and exaggerate a particular movement or expression, such as frowning or bouncing a leg, in order to make the person more aware of the emotions attached to the behavior.

Dialectical Behaviour Therapy: Dialectical behavior therapy (DBT) is a type of cognitive-behavioral therapy. Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others.

4.**BEHAVIOURAL PROBLEM** : Behavioral disorders involve a pattern of disruptive behaviors in children that last for at least 6 months and cause problems in school, at home and in social situations. In this study ,researcher will deal with the Conduct Problems, Anxiety, ADHD, Peer problems and Emotional problems.

5. **SCHOOL** : It is the place where children go to be educated. For the present study, St.Thomas senior secondary school will be selected for collecting the data.

ASSUMPTIONS

Assumptions are statements that are taken for granted or are considered true, even though they are not scientifically tested. The study assumes that :

1. Play therapy may have an effect on behavioural problems among children.

RESEARCH HYPOTHESIS

"Hypothesis is a tentative prediction or explanation of the relationship between two variables".

H1: there will be significant difference between the pretest and posttest score of behavioural problem among children between 5-15years in the experimental group .

H2 : There is a significant difference in the post test score of behavioural problem among children between 5-15years between the experimental group and control group.

DELIMITATION OF THE STUDY

The study was delimited to;

1. Children who are below 15yrs of age.
2. Children who are studying in St.Thomas sr.sec.school, Ludhiana.
3. Children who are not on any psychiatric treatment.

CONCEPTUAL FRAMEWORK

According to Polit& Beck A frameworkis the overall conceptual under planning of a study. Not every study is based on theory or conceptual model,but every study has framework. In a study based on a theory ,the framework is reffered to as the theoretical framework.

It is a device for organising ideas and in turns bringing order to the related objects, observation, events and experience. The conceptual framework serves as a guide to the researcher and also a springboard for generation of research hypothesis.

The conceptual framework based on Cognitive Model. The cognitive model describes how people's thoughts and perceptions influence their lives. Often, distress can distort people's perceptions, and that, in turn, can lead to unhealthy emotions and behaviors. CBT helps individuals learn to identify and evaluate their "automatic thoughts" and shift their thinking to be healthier.

REVIEW OF LITERATURE

A literature review is an account of what has been published on a topic by accredited scholars and researchers.

According to Polit and Hungler (2008); a literature review is written summary of the state of existing knowledge on research problem the talk of reviewing research literature involve the identification selection critical analysis and written description of information on a topic.

The literature in this chapter has been divided into the following headings ;

1.literature studies related to play therapy.

2. literature studies related to behavioural problems.

3. literature studies related to effectiveness of play therapy on behavioural problems.

REVIEW OF LITERATURE RELATED TO PLAY THERAPY

Sue bratton, Dee ray, Tammy rhine, Leslie jones 2000 conducted **a** meta analysis of the play therapy outcome research from 1947 to present stated that Play therapy has been accepted as a developmentally appropriate intervention for children experiencing a broad range of problems since the ground breaking work of Virginia Axline in the 1940s. However, play therapy has long been criticized for a lack of adequate research to prove its efficacy. Proving the effectiveness of play therapy to the legal community, 3rd party payers, mental health professionals, school administrators, parents, and critics of play therapy is

necessary for the acceptance of play therapy as a viable and developmentally appropriate intervention for children. Meta-analytic methodology allows the researcher to analyze the effects of a treatment, in this case play therapy, by combining the results of individual studies into one large study; thus overcoming the limitations of small sample sizes often found in this kind of research. The authors conducted a meta-analysis of 94 play therapy outcome research studies involving children, all of which used an experimental design and met additional established criteria .A further analysis was conducted of studies measuring the effects of play therapy conducted by mental health professionals (called play therapy studies)and studies measuring the effectiveness of play therapy conducted by paraprofessionals, primarily parents, (called filial therapy). Results revealed a large positive effect on treatment outcomes across modality, gender, clinical vs. non-clinical populations, setting, and theoretical schools of thought. Additionally, positive play therapy effects were found to be greatest when there was a parent fully involved in the child's treatment.[40]

Ritesh Kool, Timothy Lawver 2010; conducted study on play therapy: Considerations and application for the practitioner stated that Play therapy represents a unique form of treatment that is not only geared toward young children, but is translated into a language children can comprehend and utilize—the language of play. For the referring provider or practitioner, questions may remain regarding the nature, course, and efficacy of play therapy. This article reviews the theoretical underpinnings of play therapy, some practical considerations, and finally a summary of the current state of research in regard to play therapy. The authors present the practicing psychiatrist with a road map for referring a patient to play therapy or initiating it in appropriate cases.[41]

LeBlanc and Ritchie (1999) published the initial results of their metaanalysis of play therapy outcomes summarizing the results of 42 controlled studies, with an effect size of .66 standard deviations (SD). The researchers further detailed their study in a later publication, citing that benefits of play therapy appear to increase with the inclusion of parentsand optimal treatment duration (LeBlanc & Ritchie, 2001). Using Cohen's(1988) guidelines for interpretation, an effect size (ES) of .66 denotes amoderate treatment effect, similar to effect sizes found in other child psychotherapy meta-analyses (Casey & Berman, 1985, ES = .71; Weisz, Weiss,Han, Granger, & Morton, 1995, ES = .71).[42]

Ray dee, Sue bratton Tammy rhine,Leslie jones (2001), further detailed in Bratton, Ray, Rhine, and Jones(2005), conducted the largest meta-analysis on play therapy out come research. This meta-analysis included the review of 180 documents dated 1942 to 2000 that appeared to measure the effectiveness of play therapy.Based on stringent criteria for

inclusion, designating use of a controlled research design, sufficient data for computing effect size, and the identification by the author of a labeled “play therapy” intervention, 93 studieswere included in the final calculation of effect size. The overall effect sizewas calculated at .80 SD, interpreted as a large effect, indicating that children receiving play therapy interventions performed .80 SD above children who did not receive play therapy. [43

REVIEW OF LITERATURE RELATED TO BEHAVIOURAL PROBLEMS

Anindya kumar gupta , Monica maongia, Ajay kumar Garg (2017) conducted a descriptive study on behavioural problems in school going children staed that Behavioral problems among schoolgoing children are of significant concern to teachers and parents. These are known to have both immediate and long-term unfavorable consequences. Despite the high prevalence, studies on psychiatric morbidity among school children are lacking in our country. Five hundred children aged 6–18 years were randomly selected from a government school in Kanpur, Uttar Pradesh, and assessed for cognitive, emotional, or behavioral problems using standardized tools. About 22.7% of children showed behavioral, cognitive, or emotional problems. Additional screening and evaluation tools pointed toward a higher prevalence of externalizing symptoms among boys than girls.The study highlights the importance of regular screening of school children for preventive as well as timely remedial measures.[44]

The prevalence rates of behavioral problems across various studies conducted in different states in India vary, thus making it difficult to get a collective understanding of the extent of the problem. A study by Srinath in 2005, conducted on a community-based sample in Bengaluru, revealed the prevalence rates of behavioral problems to be around 12.5% in children up to 16 years of ageAnother study done on school children in Chandigarh found the rate of behavioral problems among 4–11 years’ old to be 6.3%. As evident from the available literature, the overall rates of psychiatric illnesses among children and adolescent population across the various states in India and other middle- and low-income countries vary between 5% and 6%. A cursory look at the Western data on the subject indicates that these figures are still on the lower side as prevalence rates of behavioral problems among children and adolescents in Canada, Germany, and the USA have been reported to be 18.1%, 20.7%, and 21%, respectively.

Silje Hukkelberg, Serap keles.Terje ogden, Karianne hammustorm(2019)conducted a correlational meta- analysis on the relation between behavioural problems and social

competence. Results showed an overall correlation between behavioral problems and social competence of medium effect size ($r = -.42$, $p < .01$). Moderation analyses indicated no significant differences for different types of behavioral problems or social competence. However, a significant difference was found with regard to type of respondent; the correlation was significantly higher when both measures were reported by the same respondent (teacher or parent) compared to when measures were reported by parent-teacher as a dyad.[45]

Bheemreddy Raghu Nandan Reddy 2016 conducted a study of behavioural problems in pre school children.This descriptive cross sectional study was carried out on 350 preschool children aged 3 to 6 years. In the field area 6 anganwadi schools, 6 english medium nursery schools and 5 marathi medium nursery schools were used and by simple random sampling 20 preschool children from each centre were selected.result shows that 24% of children in our study had behavior problems. The prevalence is more among children in 3.1-4 yrs of age group (47.14%). The prevalence of behavior problems was higher among boys (63.1%).The prevalence of behavioral problems was higher in children belonging to Class II & Class III socio economic status (54.7%). The prevalence of behavior problem was higher in children belonging to a nuclear family (69.04%).[46]

REVIEW OF LITERATURE RELATED TO EFFECTIVENESS OF PLAY THERAPY ON BEHAVIOURAL PROBLEMS

April a. schottelkorb, Karrie l. swan, lexie jahn (2015) conducted on a study on effectiveness of play therapy problematic behaviours of preschool children with somatization cocludes that Child-centered play therapy (CCPT) is an evidence-based intervention for children with a variety of presenting problems and diagnoses. However, the effectiveness of CCPT for young children with somatization has not been explored. Thus, in this study, two preschool children with clinical levels of somatization, as rated by parents or teachers on the Behavior Assessment System for Children, Second Edition (BASC-2), participated in 14 sessions of CCPT. The participants' problematic classroom behaviors were monitored prior to and during participation in play therapy. After participation in play therapy, both children displayed decreased symptoms of somatization and decreased problematic classroom behaviors. The results of this single-case research design are reviewed and implications for counselors are discussed.[47]

Niloufer jafari ,Mohammad Reza mohammadi, Mehdi Khanbani, Saeedah farid, Parisa chitti (2011) conducted a study on effect of play therapy on behavioural problems of maladjusted preschool children. Using multistage cluster sampling, regions 6, 7, and 8 in Tehran were selected. Among kindergartens of these areas, 3 kindergartens which were supported by the welfare organization were randomly selected. Of all the pre-school children of these 3 kindergartens, 40 children who could have behavioral disorder, according to their teachers and parents, were carefully tested. Of them, 16 children who showed severe symptoms of oppositional defiant disorder, were selected via the results obtained from the child symptom inventory questionnaire (CSI-4), teacher's form, and a researcher-made self-control checklist, Then, the subjects were randomly divided into one control and one experimental group. This research is quasi-experimental, and is conducted using pre-test, post-test, and control group. Using multistage cluster sampling, regions 6, 7, and 8 in Tehran were selected. Among kindergartens of these areas, 3 kindergartens which were supported by the welfare organization were randomly selected. Of all the pre-school children of these 3 kindergartens, 40 children who could have behavioral disorder, according to their teachers and parents, were carefully tested. Of them, 16 children who showed severe symptoms of oppositional defiant disorder, were selected via the results obtained from the child symptom inventory questionnaire (CSI-4), teacher's form, and a researcher-made self-control checklist, Then, the subjects were randomly divided into one control and one experimental group. This research is quasi-experimental, and is conducted using pre-test, post-test, and control group.[48]

Swan, Karrie L. Effectiveness of Play Therapy on Problem Behaviors of Children
with Intellectual Disabilities: A growing disparity between the mental health needs of children and their lack oftreatment served as the basis of this study. To address this existent gap, I proposedthat child-centered play therapy (CCPT), a holistic treatment that fosters children'semotional, developmental, and social growth would serve as a viable treatment. Thepurpose of this study was to examine the effect of CCPT on problem behaviors among children identified with an intellectual disability.

Specifically, a single case, A-B-A design (N = 2) was used to examine changes in participant's problem behaviors as measured on the Aberrant Behavior Checklist (ABC)across conditions. Trained raters used the ABC to rate participant's problem behaviors 3 times per week during the course of this study. Participants completed 2 weeks of ano-intervention phase, 5 weeks of play therapy 3 times per week, and 2 weeks of a nointervention maintenance phase. Additionally, participants were administered the

GesellDevelopmental Observation to assess their maturational age during the baseline and maintenance phases. Parents also completed the ABC during two intervals: baseline phase, and maintenance phase. Analysis of results indicated that problem behaviors decreased for both participants. Results from the percent of non-overlapping data (PND), an indice for effect size further revealed that play therapy was a very effective treatment for participants. Follow-up interviews suggested that play therapy is a viable intervention for children with intellectual disabilities and problem behaviors. Clinical observations and implications for future research are presented.[49]

Hoda babari kafaki , Ebrahim mohammadian akerdi, Abbas rezeal (2014)conducted a study on the effectiveness of gesalt group play therapy on improvement of behavioural problems in preschool children. The main purpose of this research was to determine the effect of gestalt group play therapy on improvementof behavioural problems in preschool children. randomly divided into control and experimental groups. The experimental group received In this research of quasi experimental, 20 children were selected as an accessible sample and the control group which did not receive any intervention. Preschool children behavioural problems questionnaire were administered to all subjects as the pre- and post- test. The results showed the difference between mean post- test scores of behavioural problems in the experimental group.The mean scores of the experimental group was less than that of control group. The gestalt group play therapy could be applied alongside other therapy methods as an effective method on improvement of behavioural problems in preschool children.[50]

RESEARCH METHODOLOGY

The research methodology refers to a set of orderly disciplined procedure involved in the purposeful collection,analysis and interpretation of data in this chapter. It deccribes the research approach , research design, description of setting, population, sample and sampling technique, development and description of instrument, pilot study and procedure for data collection and plan for the analysis of the present study.

The present study will be conducted among children at selected school of Ludhiana,Punjab.

RESEARCH APPROACH

The research approach is the basic procedure for collection of data in a particular research situation. In this study the research approach selected was quantitative approach provides

wide scope for the collection of data and various techniques and tools will be used for the study.

RESEARCH DESIGN

Polit & Hungler (1999) states that " a researcher's overall plan for obtaining an answer to the research question or for the hypothesis is referred to as the research design".

According to kerlinger, the design has two basic purposes:

1. To provide answer to research question.
2. The research design spells out the strategies that the researcher adopt to develop information that is accurate ,objective and interpretable.

The research design used for this study was Experimental research design.

VARIABLES UNDER STUDY

When an abtract concept is defined in terms that can be measured, it is called variables. Variables are the characteristics that vary among the subject being studied.

INDEPENDENT VARIABLES : It is that variable which is manipulated by the researcher in order to study the effect upon the dependant variable.

In this study play therapy is the independent variable.

DEPENDENT VARIABLES :It is the effect of action of the independent variables and cannot exist by itself.

In this study behavioural problem is the dependent variable.

SETTING OF THE STUDY

POLIT &HUNGLER (1999) defined setting as the general location and conditionin which data collection take place in the study.

Study will be conducted in St.Thomas Senior Secondary School, Ludhiana, Punjab.

The school belongs to CBSE Board. The school gives knowledge to 2500 students as it runs the classes from nursery to class XII. In between age group 5-15 years ,the school have 1300+ students. School consists of sufficient no, of teachers as well as one counsellor to provide counselling to the students.

POPULATION Population refers to a total category of persons or objects that meets the criteria for study established by the researcher, any set of persons, objects or measurements having an observable characteristics in common.

TARGET POPULATION : ACC. TO B.T.BASVANTHAPPA: the population that the researcher wishes to study,the population about the researcher wishes to make generalization i.e, the entire set of cases about which the researcher would like to make generalization.
In this study target population is children between 5-15yrs of age group.

ACCESSIBLE POPULATION : ACC.TO B.T.BASVANTHAPPA: the aggregate of cases which conform to the designated criteria and which is accessible to the researcher as a pool of subjects for the study and that aggregate must meet the criteria for inclusion in the study and that is available to the researcher/investigator.
In this study accessible population is children between 5-15yr studying in St. Thomas senior secondary school .

SAMPLE AND SAMPLING TECHNIQUE

SAMPLE : A smaller part of the population selected in such a way that the individuals in the sample represent the characteristics of the population.
In present study. Sample belongs to children who are in between 5-15years of age group studying in St.Thomas Sr.sec.School , Ludhiana. And those who fulfill the inclusion criteria.
Sampling technique used for this study will be non probability convenient sampling to select 250 children from the population.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA :

1. Both male and female students are included.
2. Those children who can understand English and hindi.

EXCLUSION CRITERIA :

1. Those who are not available at the time of study.
2. Those children who are not willing to participate.

SAMPLE SIZE

250 children between 5-15yrs of age group studying at St. Thomas Senior Secondary School Ludhiana.were taken for study.125each in experimental group and control group

SAMPLING TECHNIQUE : Sampling refers to the process of selecting a group of people or other element with which to conduct a study. The process of sampling makes it possible to accept a generalization to be intended population on the basis of careful observation of variables with a relatively small proportion of the population.

Non probability convenient sampling was adapted for the selection of subject.

TOOLS AND TECHNIQUE

TREECE & TEREECE (1986) stated that the instrument selected in research should as far as possible to the vehicle that could best obtain data for drawing conclusion pertinent to the study and add to the body of knowledge in a discipline.

The instrument selected in a research should be as far as possible the method that would best obtain data for drawing conclusion which are pertinent to the study.

In this study the tool used was child behaviour rating scale developed by Achenbach.

DESCRIPTION OF SECTION

SECTION A – Socio Demographic Variable for each item

This section consist of 14 items pertinent to the demographic data of the children regarding the age, sex, education, religion, caste ,family type, no. of sibling, birth order , father education, mother education, occupation of father, occupation of mother, family income, residential area,.

SECTION B – This section consist of 26 items based on the behaviour pattern of children. It had a score range of 1 to 4for each item.

0- Not at all
1- Just a little
2- Pretty much
3- Very much

TESTING OF THE TOOL

CONTENT VALIDITY

According to POLIT AND HUNGLER content validity is the degree to which the item in the instrument adequately represents the universe of the content.

The prepared instrument along with the statement of the problem, objective, operational definition, blue print and tool for validation was submitted to one (1)Child psychologist, five (5)nursing experts in the field of child health nursing,one(1) Statistician for relevance, appropriateness, accuracy of the items and for further modifications, Suggestions and opinions of the experts will be considered and changes will be made.

RELIABILITY OF THE TOOL

Reliability refers to the accuracy or inaccuracy rate in measurement device. It is the degree of consistency that an instrument of procedure demonstrates. Whatever it is measuring, it does so consistently.

In order to establish the reliability of the tool, Test-retest method will be used.

PILOT STUDY

The pilot study is a small scale dress rehearsal that precedes as it were the actual study,except for the fact that subjects who will participate in the actual study was not used. Pilot study is the smaller version of a proposed study, conducted to develop and refine methodology, the instrument and data collection process.

10% of population is planned for the pilot study. Pilot study will be conducted among 30 children (15 in the experimental group and 15 in the control group) in order to find out the feasibility and practicability of the study . non study setting among non study sample.

PLAN FOR DATA ANALYSIS

Data obtained will be analysed in terme of objectives and by using both descriptive and inferential statistics in the following manner:

- Organizing data in a master sheet
- Frequency and percentage distribution of sample characteristics.
- Chi square analysis to associate socio demographic data.
- 'T' test is used for evaluating the effectiveness of play therapy.

PROTECTION OF HUMAN RIGHTS

For the present study the investigator took into consideration the ethical issues.

1.The study will be accepted by the research committee.

2.Prior permission will obtained from principal of St,Thomas Senior Secondary School,Ludhiana,Punjab.

3.Informed consent will obtained from all the parents of the children who had participated in the study.

4. Explanation will be given regarding the purpose of the study.

5.Confidentiality will ensured.

6.The individual participant had the right to withdraw from the study without assigning any reasons to the researchers.

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